

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1909 East DeSoto Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
Since Birth (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME LENA HOMBERG

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Homberg 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Jan. 30, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 10 27 hr. min.

9. Birthplace St. Louis 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife

MOTHER FATHER { 12. Name Anthony Edler
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Homberg

(b) Address 190p E. DeSoto Avenue

17. (a) Burial (b) Date thereof 12/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) DEC 30 1941 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1909 East DeSoto Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1941 hour 10 minute 05 PM M.

21. I hereby certify that I attended the deceased from Dec 19
1940 to 29 1941;
that I last saw him alive on Dec 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Chronic myocardiitis

Due to 55 65

Due to General carcinoma

Other conditions Primary site undetermined
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature A. G. Gettner (M. D. or other) _____
Address 2745 N. Grand St. Date signed 12/29/41

844 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.